

**Nursing and Midwifery Council
Fitness to Practise Committee**

**Substantive Meeting
Friday, 5 July 2024**

Virtual Meeting

Name of Registrant: Catherine McKeever

NMC PIN: 14I0096N

Part(s) of the register: RNA: Adult Nurse, Level 1
(25 September 2014)

Relevant Location: Northern Ireland

Type of case: Caution

Panel members: Dale Simon (Chair, lay member)
Oluremi Alabi (Lay member)
Angela Clare O'Brien (Registrant member)

Legal Assessor: Nigel Ingram

Hearings Coordinator: Samara Baboolal

Facts proved: Charge 1

Facts not proved: None

Fitness to practise: Impaired

Sanction: **Striking-off order**

Interim order: **Interim suspension order (18 months)**

Decision and reasons on service of Notice of Meeting

The panel was informed at the start of this meeting that that the Notice of Meeting had been sent to Ms McKeever's registered email address by secure email on 30 May 2024 within the required notification period.

The panel accepted the advice of the legal assessor.

The panel took into account that the Notice of Meeting provided details of the allegation, the time, dates and the fact that this meeting was heard virtually.

In the light of all of the information available, the panel was satisfied that Ms McKeever has been served with notice of this meeting in accordance with the requirements of Rules 11A and 34 of the 'Nursing and Midwifery Council (Fitness to Practise) Rules 2004', as amended (the Rules).

Details of charge

That you, a registered nurse:

- 1) On 22 February 2023, accepted a caution for the offence of wilful neglect on 23 December 2018 of a patient (Patient A) with mental illness, under Article 121(1) of the Mental Health (NI) Order 1986;

AND in light of the above, your fitness to practise is impaired by reason of your caution.

Background

Ms McKeever was referred to the NMC on 5 February 2019 by a member of the public. She was employed at Edenvale Care Home, where she had worked since 2014. During a shift on 23 December 2018, Ms McKeever failed to take appropriate action in relation to concerns that Patient A was unwell and/or had suffered a stroke during the morning of her shift. Ms McKeever is said to have been alerted to Patient A's deteriorated health by a Care Assistant on the morning of 23 December 2018, who noticed weakness on one side

of Patient A's body. Ms McKeever is said to have reviewed Patient A but dismissed the possibility of a stroke. Later in the day, members of Patient A's family also raised their concerns that Patient A had suffered a stroke. Upon later review of Patient A's daily progress notes, it was found that Ms McKeever had not recorded any notes to show that she acted on or considered the concerns raised, neither were there any entries to show that she had carried out a full assessment of Patient A and/or recorded those observations and/or escalated Patient A's condition.

Patient A was taken to hospital that evening following concerns raised by the night nurse at the Home. It was confirmed that Patient A had suffered from a dense stroke. Patient A passed away in hospital on 1 February 2019. The cause of death was confirmed as bronchial pneumonia, history of dementia, stroke, and end stage renal failure. Ms McKeever misdiagnosed Patient A. However, there was no suggestion that earlier identification of the stroke and earlier admission to the hospital, in the circumstances of Patient A's complex health, would have changed the prognosis/outcome for Patient A.

The incident was subject to a police investigation. Ms McKeever was interviewed by the police on 30 September 2019. She denied the allegation of neglect and claimed that there were no visual signs of a stroke during the day and observations were checked. Ms McKeever said that it only became evident that Patient A had had a stroke later in the evening and that she had acted on and investigated the concerns raised adequately.

On 13 October 2022, Police Service Northern Ireland informed the NMC that the Public Prosecution Service had decided to prosecute Ms McKeever for wilful neglect of a person with a mental disorder.

On 22 February 2023, Ms McKeever accepted a Police Caution for wilful neglect of a patient with a mental illness.

Decision and reasons on facts

The charge concerns Ms McKeever's conviction and, having been provided with a copy of the certificate of caution, the panel finds that the facts are found proved in accordance with Rule 31 (2) and (3). These state:

- ‘31.—** (2) *Where a registrant has been convicted of a criminal offence—*
- (a) *a copy of the certificate of conviction, certified by a competent officer of a Court in the United Kingdom (or, in Scotland, an extract conviction) shall be conclusive proof of the conviction; and*
 - (b) *the findings of fact upon which the conviction is based shall be admissible as proof of those facts.*
- (3) *The only evidence which may be adduced by the registrant in rebuttal of a conviction certified or extracted in accordance with paragraph (2)(a) is evidence for the purpose of proving that she is not the person referred to in the certificate or extract.’*

Fitness to practise

Having announced its findings on the facts, the panel then considered whether, on the basis of the facts found proved, Ms McKeever’s fitness to practise is currently impaired by reason of Ms McKeever’s caution. There is no statutory definition of fitness to practise. However, the NMC has defined fitness to practise as a registrant’s suitability to remain on the register unrestricted.

Representations on impairment

The NMC requires the panel to bear in mind its overarching objective to protect the public and the wider public interest. This included the need to declare and maintain proper standards and maintain public confidence in the profession and in the NMC as a regulatory body. The panel has referred to the cases of *Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant* [2011] EWHC 927 (Admin).

The NMC’s written representations on impairment is as follows:

- 15. ‘The NMC’s guidance explains that impairment is not defined in legislation but is a matter for the Fitness to Practise Committee to decide. The question that will help decide whether a professional’s fitness to practise is impaired is:*

“Can the nurse, midwife or nursing associate practise kindly, safely and professionally?”

16. If the answer to this question is yes, then the likelihood is that the professional’s fitness to practise is not impaired.

17. Answering this question involves a consideration of both the nature of the concern and the public interest. In addition to the following submissions, the panel is invited to consider carefully the NMC’s guidance on impairment.

18. When determining whether Ms McKeever’s fitness to practise is impaired, the questions outlined by Dame Janet Smith in the 5th Shipman Report (as endorsed in the case of Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin)) are instructive. Those questions were:

- a. has Ms McKeever in the past acted and/or is liable in the future to act as so to put a patient or patients at unwarranted risk of harm; and/or*
- b. has Ms McKeever in the past brought and/or is liable in the future to bring the [nursing] profession into disrepute; and/or*
- c. has Ms McKeever in the past committed a breach of one of the fundamental tenets of the [nursing] profession and/or is liable to do so in the future and/or*
- d. has Ms McKeever in the past acted dishonestly and/or is liable to act dishonestly in the future.*

19. It is the submission of the NMC that 1, 2, and 3 can be answered in the affirmative in this case.

20. Ms McKeever failed to take appropriate action regarding concerns that Patient A was unwell and/or had suffered a stroke during the morning of her shift. Ms McKeever did not undertake sufficient observations to identify that Patient A had suffered a stroke and did not escalate Patient A’s deteriorating health to a

doctor/emergency services despite other professionals and Patient A's family drawing the clinical indicators of a stroke/deteriorating health to her attention.

21. Professionals are expected to make sure that people's physical, social, and psychological needs are assessed and responded to. Failure to do so will always be treated very seriously due to the high risk of harm for patient who are dependent upon nursing care as in the case of Patient A.

22. Safeguarding and protecting people from harm, abuse and neglect is an integral part of providing safe and effective care. It is also a key principle embedded throughout our Code. The Code states that nurses must 'take all reasonable steps to protect people who are vulnerable or at risk of harm, neglect or abuse'.

23. A professional involved in such a flagrant disregard for the seriously deteriorating health of a patient in their care has placed that patient at risk of harm and, if actions were repeated, would do so again.

24. has Ms McKeever in the past brought and/or is liable in the future to bring the [nursing] profession into disrepute

25. Criminal offending which occurs in professional practice is very serious. Offences involving neglect of people receiving care provide particularly strong evidence of risk to the public

26. The conduct of Ms McKeever in wilfully neglecting Patient A's care needs to the point of criminal culpability falls so far short of the standards the public expect of professionals caring for them that public confidence in the nursing profession could be undermined. Such conduct therefore brings the nursing profession into disrepute.

27. has Ms McKeever in the past committed a breach of one of the fundamental tenets of the [nursing] profession and/or is liable to do so in the future

28. The Code divides its guidance for nurses in to four categories which can be

considered as representative of the fundamental principles of nursing care.

These are:

- a. Prioritise people;*
- b. Practice effectively;*
- c. Preserve safety and*
- d. Promote professionalism and trust*

29. The NMC considers the following provisions of the Code, and therefore those fundamental tenets have been breached in this case;

1. Treat people as individuals and uphold their dignity

To achieve this, you must:

- 1.1 - treat people with kindness, respect and compassion*
- 1.2 - make sure you deliver the fundamentals of care effectively*
- 1.4 - make sure that any treatment, assistance, or care for which you are responsible is delivered without undue delay*
- 1.5 - respect and uphold people's human rights*

2. Listen to people and respond to their preferences and concerns

To achieve this, you must:

- 2.1 - work in partnership with people to make sure you deliver care effectively*

3. Make sure that people's physical, social, and psychological needs are assessed and responded to

To achieve this, you must:

- 3.1 - pay special attention to promoting wellbeing, preventing ill health, and meeting the changing health and care needs of people during all life stages*
- 3.2 - recognise and respond compassionately to the needs of those who are in the last few days and hours of life*

8. Work cooperatively

To achieve this, you must:

- 8.2 - *maintain effective communication with colleagues*
- 8.5 - *work with colleagues to preserve the safety of those receiving care*

13. Recognise and work within the limits of your competence

To achieve this, you must:

- 13.1 - *accurately identify, observe, and assess signs of normal or worsening physical and mental health in the person receiving care*
- 13.2 - *make a timely referral to another practitioner when any action, care or treatment is required*
- 13.3 - *ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of your competence*

14. Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place

To achieve this, you must:

- 14.1 - *act immediately to put right the situation if someone has suffered actual harm for any reason or an incident has happened which had the potential for harm*
- 14.2 - *explain fully and promptly what has happened, including the likely effects, and apologise to the person affected and, where appropriate, their advocate, family, or carers*
- 14.3 - *document all these events formally and take further action (escalate) if appropriate so they can be dealt with quickly*

15. Always offer help if an emergency arises in your practice setting or anywhere else

To achieve this, you must:

- 15.2 - *arrange, wherever possible, for emergency care to be accessed and provided promptly*

17. Raise concerns immediately if you believe a person is vulnerable or at

risk and needs extra support and protection

To achieve this, you must:

- *17.1 - take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect, or abuse*

Grounds of impairment

Public protection

26. Impairment is a forward-thinking exercise which looks at the risk Ms McKeever's practice poses in the future. NMC guidance, specifically as articulated in FTP- 14, adopts the approach of Silber J in the case of R (on application of Cohen) v General Medical Council [2008] EWHC 581 (Admin) by asking the questions whether the concern is easily remediable, whether it has in fact been remedied and whether it is highly unlikely to be repeated.

Is the concern easily remediable?

27. If Ms McKeever failed to respond and recognise the seriousness of Patient A's condition as a result of lack of confidence or familiarity with the clinical indicators of stroke, there will be clinical training opportunities available that could address such knowledge gaps.

28. As Ms McKeever has not engaged with the NMC to explain her conduct on 23 December 2018, there is no evidence that the conduct occurred because of deficient clinical practice or gaps in her knowledge.

*29. On the contrary, Ms McKeever has received a caution for the **wilful** neglect of Patient A which must be indicative of an underlying attitudinal concern about her professionalism, and the standard of care for patients that she considers acceptable, which is difficult to remediate.*

30. Our guidance (FTP-14a) says that incidents of neglect towards people receiving care are the type of concerns that are more difficult to put right.

Whether in fact it has been remediated?

31. When determining if an attitudinal concern has been put right, it is essential to assess the Registrant's insight. NMC Guidance, FTP-14b, states that before effective steps can be taken to address concerns, the nurse must recognise the problem that needs to be addressed; therefore, insight on the part of the Registrant is crucially important. A nurse who shows insight will be able to:

- step back from the situation and look at it objectively*
- recognise what went wrong*
- accept their role and responsibilities and how they are relevant to what happened*
- appreciate what could and should have been done differently*
- understand how to act differently in the future to avoid similar problems happening.*

32. As Ms McKeever has not engaged with the NMC investigation, there is no evidence of insight. Ms McKeever initially denied the allegations during her police interview on 30 September 2019. Although she later accepted a caution for the offence of wilful neglect of a patient with mental illness, which may evidence a belated acceptance of culpability, she has not engaged with the NMC's investigation to show that she has reflected on the incident, nor let the NMC know of any steps she has taken to strengthen her practice since.

33. Ms McKeever has not worked as a nurse since the incident, nor has she let the NMC know that she has undertaken any relevant training in respect of the issues of concern which would lessen the risk of repetition.

Whether it is highly unlikely to be repeated?

34. There is a continuing risk to the public due to Ms McKeever's abject lack of sufficient insight, failure to undertake any relevant training and her overall

failure to engage or demonstrate strengthen practice.

35. *Any risk of such serious failures in patient care, which met the criminal standard for wilful neglect of a patient, is untenable.*

36. *In our view, as set out in paragraphs 20-23 above, Ms McKeever is currently a risk to the health, safety, and wellbeing of the public and her practice needs to be restricted in some way. Therefore, a finding of impaired fitness to practice on the ground of public protection is required.*

Public interest

37. *In Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin) at paragraph 74 Cox J commented that:*

“In determining whether a practitioner’s fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.”

38. *Consideration of the public interest therefore requires the Fitness to Practise Committee to decide whether a finding of impairment is needed to uphold proper professional standards and conduct and/ or to maintain public confidence in the profession.*

39. *As set out in paragraphs 24-27 and immediately above, Ms McKeever’s conduct breached fundamental tenets of the profession and brought the profession into disrepute. Furthermore, Ms McKeever has not demonstrated that she is not a future risk to the public. A finding of impairment on the grounds of public interest is required.’*

The panel accepted the advice of the legal assessor which included reference to relevant judgments.

Decision and reasons on impairment

The panel next went on to decide if as a result of the police caution, Ms McKeever's fitness to practise is currently impaired.

In coming to its decision, the panel had regard to the Fitness to Practise Library, updated on 27 March 2023, which states:

'The question that will help decide whether a professional's fitness to practise is impaired is:

"Can the nurse, midwife or nursing associate practise kindly, safely and professionally?"

If the answer to this question is yes, then the likelihood is that the professional's fitness to practise is not impaired.'

Nurses occupy a position of privilege and trust in society and are expected at all times to be professional. Patients and their families must be able to trust nurses with their lives and the lives of their loved ones. To justify that trust, nurses must act with integrity. They must make sure that their conduct at all times justifies both their patients' and the public's trust in the profession.

In this regard the panel considered the judgment of Mrs Justice Cox in the case of *CHRE v NMC and Grant* in reaching its decision. In paragraph 74, she said:

'In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be

undermined if a finding of impairment were not made in the particular circumstances.'

In paragraph 76, Mrs Justice Cox referred to Dame Janet Smith's "test" which reads as follows:

'Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her/their fitness to practise is impaired in the sense that S/He/They:

- a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession;'*

The panel, in applying the Dame Janet Smith test, found that limbs (a) through (c) were satisfied. It determined that patient safety was compromised by Ms McKeever's actions. Ms McKeever's police caution has breached the fundamental tenets of the nursing profession and therefore brought its reputation into disrepute.

Regarding insight, the panel noted that Ms McKeever initially denied the allegation and sought to minimise the seriousness of her actions during the police investigation. Ms McKeever has not engaged with the NMC. She has not provided any evidence of strengthened practice, and she has not provided any up-to-date reflections, demonstrated remorse, or demonstrated insight into her failings. It acknowledged that Ms McKeever may not have received correspondence in December 2023 from the NMC, however, it is clear that she had received the bundle for this hearing but has still failed to engage. The panel finds that Ms McKeever's actions were wilful and suggest deep-seated attitudinal issues on her part.

The panel did acknowledge that as this was a one-off incident, and that the failings in this matter are potentially remediable, the panel did find that this was outweighed by Ms McKeever's deep-seated attitudinal issues which made any steps at remediation by her highly unlikely.

The panel is of the view that there is a significant risk of repetition based on Ms McKeever's lack of insight and attitudinal issues. The panel therefore decided that a finding of impairment is necessary on the grounds of public protection.

The panel bore in mind that the overarching objectives of the NMC are to protect, promote and maintain the health safety and well-being of the public and patients, and to uphold/protect the wider public interest, which includes promoting and maintaining public confidence in the nursing and midwifery professions and upholding the proper professional standards for members of those professions.

The panel determined that a finding of impairment on public interest grounds was also required. It determined that a well-informed member of the public, fully apprised of the all the evidence in this matter, would be very concerned to learn that a nurse whose wilful neglect resulted in patient harm, were allowed to practise as a nurse without restrictions.

Having regard to all of the above, the panel was satisfied that Ms McKeever's fitness to practise is currently impaired.

Sanction

The panel has considered this case very carefully and has decided to make a striking-off order. It directs the registrar to strike Ms McKeever off the register. The effect of this order is that the NMC register will show that Ms McKeever has been struck-off the register.

In reaching this decision, the panel has had regard to all the evidence that has been adduced in this case and had careful regard to the Sanctions Guidance (SG) published by the NMC. The panel accepted the advice of the legal assessor.

Representations on sanction

The panel noted that in the Notice of Meeting, the NMC had advised Ms McKeever that it would seek the imposition of a striking-off order if it found Ms McKeever's fitness to practise currently impaired.

The NMC's written submissions regarding sanction are as follows:

"The NMC considers the following sanction is proportionate:

Striking Off Order

27. *With regard to our sanctions guidance, the following aspects have led the NMC to this conclusion:*

Aggravating factors

- *Incident involved a vulnerable resident*
- *Lack of insight*
- *Lack of engagement from Ms McKeever*

Mitigating factors

- *One-off incident*

43.1 **No Action:** *This sanction would not be appropriate as there are no exceptional circumstances that would warrant taking no action if found currently impaired. The seriousness of the case means it may undermine the public's confidence in the profession if no sanction were imposed. The public protection concerns would not be addressed by a non-restrictive sanction.*

43.2 **Caution Order:** *Considering the seriousness of the caution (as above) this is not appropriate. Caution orders are suitable where the concerns are at the lower end of the spectrum of impaired fitness to practise. The public protection concerns would not be addressed by a non-restrictive sanction.*

43.3 **Conditions of Practice Order:** *This sanction may be appropriate where there is an identifiable area of a nurse's practice which can be addressed through*

retraining or assessment. In this case, the concerns may arise from an attitudinal problem and therefore, a conditions of practice order would not be a suitable sanction. Our guidance says that conditions of practice may not be suitable unless the nurse has shown potential and willingness to respond positively to retraining. In the present case, Ms McKeever has not practised as a nurse since the incident, nor engaged with the investigation therefore, there is no evidence to suggest that she would engage positively with the conditions of practice order.

43.4 Suspension: *The NMC guidance states that a suspension order may be appropriate where the case requires temporary removal from the register where there is no evidence of a deep seated and/or harmful attitudinal issue, and the Committee is satisfied that the nurse has insight and does not pose a significant risk of repeating behaviour. Whilst it is accepted that this was an isolated incident, Ms McKeever has not engaged with the investigation to show insight, demonstrated there is not an underlying attitudinal concern or provided evidence of strengthened practice. As a result, there is a risk that Ms McKeever may repeat the behaviour.*

43.5 Strike-Off: *By accepting a criminal caution for the wilful neglect of a patient with mental illness, Ms McKeever has admitted conduct which, by its nature, raises fundamental questions about her professionalism. Ms McKeever's lack of insight, lack of strengthened practise and failure to engage thus far indicate that a period of suspension would unlikely ameliorate the position. It is submitted therefore, that a striking off order is the appropriate sanction which will protect patients, members of the public and maintain proper professional standards.*

43.6 *Our guidance (FTP-14a) says that incidents of neglect towards people receiving care are the type of concerns that are more difficult to put right. In our view, Ms McKeever has not taken any steps to put what went wrong right from the perspective of her professional registration as a nurse. The conduct is so serious, the failing so grave, and without any evidence of a desire to try to strengthened practice the NMC considers that Ms McKeever's overall conduct in respect of this matter is fundamentally incompatible with continued registration.*

43.7 Public confidence in nurses cannot be maintained if Ms McKeever is not removed from the register.'

Decision and reasons on sanction

Having found Ms McKeever's fitness to practise currently impaired, the panel went on to consider what sanction, if any, it should impose in this case. The panel has borne in mind that any sanction imposed must be appropriate and proportionate and, although not intended to be punitive in its effect, may have such consequences. The panel had careful regard to the SG. The decision on sanction is a matter for the panel independently exercising its own judgement.

The panel took into account the following aggravating features:

- Incident which resulted in harm to a vulnerable patient
- Lack of insight
- Lack of engagement

The panel also took into account the following mitigating features:

- One off incident

The panel first considered whether to take no action but concluded that this would be inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to take no further action.

It then considered the imposition of a caution order but again determined that, due to the seriousness of the case, and the public protection issues identified, an order that does not restrict Ms McKeever's practice would not be appropriate in the circumstances. The SG states that a caution order may be appropriate where *'the case is at the lower end of the spectrum of impaired fitness to practise and the panel wishes to mark that the behaviour was unacceptable and must not happen again.'* The panel considered that Ms McKeever's misconduct was not at the lower end of the spectrum and that a caution order would be

inappropriate in view of the seriousness of the case. The panel decided that it would be neither proportionate nor in the public interest to impose a caution order.

The panel next considered whether placing conditions of practice on Ms McKeever's registration would be a sufficient and appropriate response. The panel is of the view that there are no practical or workable conditions that could be formulated, given the nature of the charges in this case. The misconduct identified in this case was not something that can be addressed through retraining as Ms McKeever's conduct suggests attitudinal failings. Furthermore, the panel concluded that the placing of conditions on Ms McKeever's registration would not adequately address the seriousness of this case and would not protect the public.

The panel then went on to consider whether a suspension order would be an appropriate sanction. The SG states that suspension order may be appropriate where some of the following factors are apparent:

- *A single instance of misconduct but where a lesser sanction is not sufficient;*
- *No evidence of harmful deep-seated personality or attitudinal problems;*
- *The Committee is satisfied that the nurse or midwife has insight and does not pose a significant risk of repeating behaviour; and*
- *In cases where the only issue relates to the nurse or midwife's lack of competence, there is a risk to patient safety if they were allowed to continue to practise even with conditions.*

The conduct, as highlighted by the facts found proved, was a significant departure from the standards expected of a registered nurse. The panel noted that the serious breach of the fundamental tenets of the profession evidenced by Ms McKeever's actions is fundamentally incompatible with Ms McKeever remaining on the register.

In this particular case, the panel determined that a suspension order would not be a sufficient, appropriate or proportionate sanction.

Finally, in looking at a striking-off order, the panel took note of the following paragraphs of the SG:

- *Do the regulatory concerns about the nurse or midwife raise fundamental questions about their professionalism?*
- *Can public confidence in nurses and midwives be maintained if the nurse or midwife is not removed from the register?*
- *Is striking-off the only sanction which will be sufficient to protect patients, members of the public, or maintain professional standards?*

Ms McKeever's actions were significant departures from the standards expected of a registered nurse and are fundamentally incompatible with her remaining on the register. The panel was of the view that the findings in this particular case demonstrate that Ms McKeever's actions were serious and to allow her to continue practising would undermine public confidence in the profession and in the NMC as a regulatory body.

The panel noted the submissions of the NMC, particularly:

'Any risk of such serious failures in patient care, which met the criminal standard for wilful neglect of a patient, is untenable.'

Balancing all of these factors and after taking into account all the evidence before it during this case, the panel determined that the appropriate and proportionate sanction is that of a striking-off order. Having regard to the matters it identified, in particular the effect of Ms McKeever's actions in bringing the profession into disrepute by adversely affecting the public's view of how a registered nurse should conduct herself, the panel has concluded that nothing short of this would be sufficient in this case.

The panel considered that this order was necessary to mark the importance of maintaining public confidence in the profession, and to send to the public and the profession a clear message about the standard of behaviour required of a registered nurse.

This will be confirmed to Ms McKeever in writing.

Interim order

As the striking-off order cannot take effect until the end of the 28-day appeal period, the panel has considered whether an interim order is required in the specific circumstances of this case. It may only make an interim order if it is satisfied that it is necessary for the protection of the public, is otherwise in the public interest or in Ms McKeever's own interests until the striking-off sanction takes effect. The panel heard and accepted the advice of the legal assessor.

Representations on interim order

The panel took account of the representations made by the NMC that:

'44.If a finding is made that Ms McKeever's fitness to practise is impaired on a public protection basis, and a restrictive sanction is imposed, the NMC considers an interim order in the same terms as the substantive order should be imposed on the basis that it is necessary for the protection of the public and otherwise in the public interest.'

45. If a finding is made that Ms McKeever's fitness to practise is impaired on a public interest only basis and that their conduct was fundamentally incompatible with continued registration, the NMC considers an interim order of suspension should be imposed on the basis that it is otherwise in the public interest.'

Decision and reasons on interim order

The panel was satisfied that an interim order is necessary for the protection of the public and is otherwise in the public interest. The panel had regard to the seriousness of the facts found proved and the reasons set out in its decision for the substantive order in reaching the decision to impose an interim order.

The panel concluded that an interim conditions of practice order would not be appropriate or proportionate in this case, due to the reasons already identified in the panel's determination for imposing the substantive order. The panel therefore imposed an interim suspension order for a period of 18 months in order to adequately protect the public from

the risk of harm and meet the public interest in this matter. Not to impose an interim suspension order would be inconsistent with the panel's earlier findings.

If no appeal is made, then the interim suspension order will be replaced by the striking off order 28 days after Ms McKeever is sent the decision of this hearing in writing.

That concludes this determination.